

	OPERATING PROCEDURE	
	<i>RESPIRATORY DISTRESS/TROUBLE BREATHING</i>	
	Effective Date: November 1, 1986	Revised: October 1, 2000
	Approved By: 	
Approved By Operational Medical Director: 		

BLS

1. Perform initial patient assessment. When possible, document pre and post-treatment peak flow.
2. Obtain pertinent history.
3. Establish and maintain a patent airway, administer OXYGEN, and provide ventilatory assistance as required. Use airway adjuncts as needed.
4. Determine severity:
 - Minor:
 - ✓ conscious/Alert
 - ✓ respiration >12 and <24
 - ✓ obeys commands
 - ✓ able to speak in full sentences.
 - Moderate:
 - ✓ alert L.O.C.
 - ✓ respiration >12 and <36
 - ✓ able to speak using short sentences
 - ✓ Tachycardia.
 - Severe:
 - ✓ anxious or decreased L.O.C.
 - ✓ respiration rate <12 or >36
 - ✓ Tachycardia, or bradycardia
 - ✓ diaphoretic, pale, or cyanotic
 - ✓ use of accessory muscles.
4. If partial or complete airway obstruction is found, treat as per current American Heart Association standards. Refer to appropriate protocol once airway is clear.

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5. If pulmonary edema is suspected by frothy sputum from mouth or nose (may be blood tinged), presence of rales and/or pitting peripheral edema, sit patient upright unless complicated by unconsciousness.
6. *If applicable, contact Medical Control, for permission to assist patient in administration of their prescribed MDI bronchodilator (Ventolin, Proventil, Bronkosol, Bronkometer, Alupent, Metaprel, etc.)*

ALS ONLY

7. Connect patient to cardiac monitor and document rhythm strip, refer to appropriate protocols for life threatening dysrhythmias.

Note: PVC's are a common occurrence with hypoxia and are best treated with oxygen. Attempt to correct hypoxia prior to administering antidysrhythmics.

8. Establish an IV 0.9% Sodium Chloride
9. If indicated, administer PROVENTIL.
 - ☐ Patients >10kg: 2.5 mg/3 ml of 0.083% unit dose. Repeat as needed, not to exceed 4 doses
 - ☐ Pediatric Patients <10kg: 1.25 mg/1.5 ml of 0.083% unit dose (half unit dosage). Repeat as needed, not to exceed 2 doses
10. If patient's symptoms are refractory to PROVENTIL, and patient is less than 40 years of age and/or has no history of CAD, administer EPINEPHRINE 1:1000
 - ☐ Adult: 0.3 to 0.5 mg SQ
 - ☐ Pediatric: 0.01 mg/kg not to exceed to 0.3 mg SQ or other dosage as directed by Broselow Pediatric Resuscitation Tape
11. If patient presents in moderate or severe distress, administer SOLU-MEDROL
 - ☐ Adult: 125 mg slow IVP
 - ☐ Pediatric: 2 mg/kg slow IVP
12. If patient presents with little or no improvement, administer TERBUTALINE
 - ☐ Adult: 0.25 mg SQ or 2-4 mg by nebulizer
 - ☐ Pediatric: 0.01 mg/kg SQ
13. If patient presents with signs & symptoms consistent with Croup, administer EPINEPHRINE 1:1,000 via nebulizer
 - ☐ Pediatric patient up to 4 years: 0.5 ml/kg not to exceed 2.5 ml.
 - ☐ Pediatric patient greater than 4 years: 0.5 ml/kg not to exceed 5.0 ml.

MIX 3 CC OF SALINE TO DOSE OF EPINEPHRINE

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MEDICAL CONTROL ONLY

14. Repeat PROVENTIL, EPINEPHRINE, TERBUTALINE, or other intervention as directed by On-line Medical Control.